

Exhibit 1



Health A-Z (Link: www.nhs.uk/conditions/) NHS services (Link: www.nhs.uk/nhs-services/) Live Well (Link: www.nhs.uk/live-well/) Mental h

Treatment

Gender dysphoria

Overview (Link: www.nhs.uk/conditions/gender-dysphoria/)

- Signs (Link: www.nhs.uk/conditions/gender-dysphoria/symptoms/)
- How to get help and support (Link: www.nhs.uk/conditions/gender-dysphoria/how-get-help-and-support/)
- **Treatment**

Treatment for gender dysphoria aims to help people live the way they want to, in their preferred gender identity or as non-binary.

What this means will vary from person to person, and is different for children, young people and adults. Waiting times for referral and treatment are currently long.

Treatment for children and young people

If your child is under 18 and may have gender dysphoria, they'll usually be referred to the Gender Identity Development Service (GIDS) (Link: <https://gids.nhs.uk/>) at the Tavistock and Portman NHS Foundation Trust.

GIDS has 2 main clinics in London and Leeds.

Your child or teenager will be seen by a multidisciplinary team at GIDS including a:

- clinical psychologist
- child psychotherapist
- child and adolescent psychiatrist
- family therapist
- social worker

The team will carry out a detailed assessment, usually over 3 to 6 appointments over a period of several months.

Depending on the results of the assessment, options for children and teenagers include:

- family therapy
- individual child psychotherapy
- parental support or counselling
- group work for young people and their parents
- regular reviews to monitor gender identity development
- referral to a local Children and Young People's Mental Health Service (CYPMHS) for more serious emotional issues
- a referral to a specialist hormone (endocrine) clinic for hormone blockers for children who meet strict criteria (at puberty)

Most treatments offered at this stage are psychological rather than medical. This is because in many cases gender variant behaviour or feelings disappear as children reach puberty.

Hormone therapy in children and young people

Some young people with lasting signs of gender dysphoria who meet strict criteria may be referred to a hormone specialist (consultant endocrinologist) to see if they can take hormone blockers as they reach puberty. This is in addition to psychological support.

Puberty blockers and cross-sex hormones

Puberty blockers (gonadotrophin-releasing hormone analogues) pause the physical changes of puberty, such as breast development or facial hair.

Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria.

Although GIDS advises this is a physically reversible treatment if stopped, it is not known what the psychological effects may be.

It's also not known whether hormone blockers affect the development of the teenage brain or children's bones. Side effects may also include hot flushes, fatigue and mood alterations.

From the age of 16, teenagers who've been on hormone blockers for at least 12 months may be given cross-sex hormones, also known as gender-affirming hormones.

These hormones cause some irreversible changes, such as:

- breast development (caused by taking oestrogen)
- breaking or deepening of the voice (caused by taking testosterone)

Long-term cross-sex hormone treatment may cause temporary or even permanent infertility.

However, as cross-sex hormones affect people differently, they should not be considered a reliable form of contraception.

There is some uncertainty about the risks of long-term cross-sex hormone treatment.

Transition to adult gender identity services

Young people aged 17 or older may be seen in an adult gender identity clinic or be referred to one from GIDS.

By this age, a teenager and the clinic team may be more confident about confirming a diagnosis of gender dysphoria. If desired, steps can be taken to more permanent treatments that fit with the chosen gender identity or as non-binary.

Treatment for adults

Adults who think they may have gender dysphoria should be referred to a gender dysphoria clinic (GDC).

Find an NHS gender dysphoria clinic in England (Link: www.nhs.uk/nhs-services/how-to-find-an-nhs-gender-identity-clinic/).

GDCs have a multidisciplinary team of healthcare professionals, who offer ongoing assessments, treatments, support and advice, including:

- psychological support, such as counselling
- cross-sex hormone therapy
- speech and language therapy (voice therapy) to help you sound more typical of your gender identity

For some people, support and advice from the clinic are all they need to feel comfortable with their gender identity. Others will need more extensive treatment.

Hormone therapy for adults

The aim of hormone therapy is to make you more comfortable with yourself, both in terms of physical appearance and how you feel. The hormones usually need to be taken for the rest of your life, even if you have gender surgery.

It's important to remember that hormone therapy is only one of the treatments for gender dysphoria. Others include voice therapy and psychological support. The decision to have hormone therapy will be taken after a discussion between you and your clinic team.

In general, people wanting masculinisation usually take testosterone and people after feminisation usually take oestrogen.

Both usually have the additional effect of suppressing the release of "unwanted" hormones from the testes or ovaries.

Whatever hormone therapy is used, it can take several months for hormone therapy to be effective, which can be frustrating.

It's also important to remember what it cannot change, such as your height or how wide or narrow your shoulders are.

The effectiveness of hormone therapy is also limited by factors unique to the individual (such as genetic factors) that cannot be overcome simply by adjusting the dose.

Find out how to save money on prescriptions for hormone therapy medicines with a prescription prepayment certificate (Link: www.nhs.uk/nhs-services/prescriptions-and-pharmacies/save-money-with-a-prescription-prepayment-certificate-ppc/).

Risks of hormone therapy

There is some uncertainty about the risks of long-term cross-sex hormone treatment. The clinic will discuss these with you and the importance of regular monitoring blood tests with your GP.

The most common risks or side effects include:

- blood clots (Link: www.nhs.uk/conditions/blood-clots/)
- gallstones (Link: www.nhs.uk/conditions/gallstones/)
- weight gain
- acne (Link: www.nhs.uk/conditions/acne/)
- dyslipidaemia (abnormal levels of fat in the blood)
- elevated liver enzymes
- polycythaemia (Link: www.nhs.uk/conditions/erythrocytosis/) (high concentration of red blood cells)

- hair loss or balding (androgenic alopecia)

There are other risks if you're taking hormones bought over the internet or from unregulated sources. It's strongly recommended you avoid these.

Long-term cross-sex hormone treatment may also lead, eventually, to infertility, even if treatment is stopped.

The GP can help you with advice about gamete storage. This is the harvesting and storing of eggs or sperm for your future use.

Gamete storage is sometimes available on the NHS. It cannot be provided by the gender dysphoria clinic.

Read more about fertility preservation (Link: <https://www.hfea.gov.uk/treatments/fertility-preservation/information-for-trans-and-non-binary-people-seeking-fertility-treatment/>) on the HFEA website.

Surgery for adults

Some people may decide to have surgery to permanently alter body parts associated with their biological sex.

Based on the recommendations of doctors at the gender dysphoria clinic, you will be referred to a surgeon outside the clinic who is an expert in this type of surgery.

In addition to you having socially transitioned to your preferred gender identity for at least a year before a referral is made for gender surgery, it is also advisable to:

- not smoke
- lose weight if you are overweight (BMI of 25 or over)
- have taken cross-sex hormones for some surgical procedures

It's also important that any long-term conditions, such as diabetes or high blood pressure, are well controlled.

Surgery for trans men

Common chest procedures for trans men (trans-masculine people) include:

- removal of both breasts (bilateral mastectomy) and associated chest reconstruction
- nipple repositioning
- dermal implant and tattoo

Gender surgery for trans men includes:

- construction of a penis (phalloplasty or metoidioplasty)
- construction of a scrotum (scrotoplasty) and testicular implants
- a penile implant

Removal of the womb (hysterectomy) and the ovaries and fallopian tubes (salpingo-oophorectomy) may also be considered.

Surgery for trans women

Gender surgery for trans women includes:

- removal of the testes (orchidectomy)
- removal of the penis (penectomy)
- construction of a vagina (vaginoplasty)
- construction of a vulva (vulvoplasty)
- construction of a clitoris (clitoroplasty)

Breast implants for trans women (trans-feminine people) are not routinely available on the NHS.

Facial feminisation surgery and hair transplants are not routinely available on the NHS.

As with all surgical procedures there can be complications. Your surgeon should discuss the risks and limitations of surgery with you before you consent to the procedure.

Life after transition

Whether you've had hormone therapy alone or combined with surgery, the aim is that you no longer have gender dysphoria and feel at ease with your identity.

Your health needs are the same as anyone else's with a few exceptions:

- you'll need lifelong monitoring of your hormone levels by your GP
- you'll still need contraception if you are sexually active and have not yet had any gender surgery
- you'll need to let your optician and dentist know if you're on hormone therapy as this may affect your treatment

- you may not be called for screening tests as you've changed your name on medical records – ask your GP to notify you for cervical and breast screening if you're a trans man with a cervix or breast tissue
- trans-feminine people with breast tissue (and registered with a GP as female) are routinely invited for breast screening from the ages of 50 up to 71

Find out more about screening for trans and non-binary people (Link: <https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people>) on GOV.UK.

NHS guidelines for gender dysphoria

NHS England has published what are known as service specifications that describe how clinical and medical care is offered to people with gender dysphoria:

- Non-surgical interventions for adults (Link: <https://www.england.nhs.uk/publication/service-specification-gender-identity-services-for-adults-non-surgical-interventions/>)
- Surgical interventions for adults (Link: <https://www.england.nhs.uk/publication/service-specification-gender-identity-services-for-adults-surgical-interventions/>)
- Services for children and young people (PDF, 1.15Mb) (Link: <https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf>)
- Amendments to services for children and young people (PDF, 16kb) (Link: <https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf>)

Review of gender identity services

NHS England has commissioned an independent review of gender identity services for children and young people. The review will advise on any changes needed to the service specifications for children and young people.

Page last reviewed: 28 May 2020

Next review due: 28 May 2023